

**Montana Medicaid - Fee Schedule
Dental Hygienist
October 2007**

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

EP = EPSDT service (Early Periodic Screening Diagnosis and Treatment)

Description – Procedure code description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

Anes Value: Number of anesthesia base value units

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Global – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

Space: Global concept does not apply to this code

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the usual global period does not apply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Note: Please review Dental Manual for explanation of limits

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Proc	Mod	Description	Effective	Method	Fees	PA	Min age	Max age	Notes
D0210		INTRAOR COMPLETE FILM SERIES	10/1/2007	FEE SCHED	\$61.70		0	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220		INTRAORAL PERIAPICAL FIRST F	10/1/2007	FEE SCHED	\$15.43		0	999	
D0230		INTRAORAL PERIAPICAL EA ADD	10/1/2007	FEE SCHED	\$7.71		0	999	
D0240		INTRAORAL OCCLUSAL FILM	10/1/2007	FEE SCHED	\$18.51		0	999	
D0270		DENTAL BITEWING SINGLE FILM	10/1/2007	FEE SCHED	\$15.43		0	999	Adults 4 films per year
D0272		DENTAL BITEWINGS TWO FILMS	10/1/2007	FEE SCHED	\$18.51		0	999	Adults 4 films per year
D0273		BITEWINGS - THREE FILMS	10/1/2007	FEE SCHED	\$24.68		0	999	
D0274		DENTAL BITEWINGS FOUR FILMS	10/1/2007	FEE SCHED	\$30.85		0	999	Adults 4 films per year
D0275		BITEWINGS-EACH ADDITIONAL FILM	10/1/2007	FEE SCHED	\$7.71		0	999	
D0330		DENTAL PANORAMIC FILM	10/1/2007	FEE SCHED	\$49.36		0	999	Adults 1 film every 3 years
D1110		DENTAL PROPHYLAXIS ADULT	10/1/2007	FEE SCHED	\$46.28		18	999	Every 6 months
D1120		DENTAL PROPHYLAXIS CHILD	10/1/2007	FEE SCHED	\$30.85		0	17	
D1203		TOPICAL FLUOR W/O PROPHY CHI	10/1/2007	FEE SCHED	\$15.43		0	17	
D1204		TOPICAL FLUOR W/O PROPHY ADU	10/1/2007	FEE SCHED	\$15.43		18	999	Every 6 months
D1206		TOPICAL FLUORIDE VARNISH	10/1/2007	FEE SCHED	\$80.21		0	20	Mod-high risk
D1351		DENTAL SEALANT PER TOOTH	10/1/2007	FEE SCHED	\$24.68		0	20	
D4341		PERIODONTAL SCALING & ROOT	10/1/2007	FEE SCHED	\$154.25		0	999	
D4342		PERIODONTAL SCALING 1-3TEETH	10/1/2007	FEE SCHED	\$83.30		0	999	